

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 29 1959

'59 0 4 4 9 0 7

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 80

ENDED

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn RFD		Length of stay in 1b 9 mo	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R F D	
3. NAME OF DECEASED (Type or print) First LUTHER Middle DURAL Last RICE			4. DATE OF DEATH Month Dec. Day 22 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/21/1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months 4 Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Holt Summit Mo	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Guy Rice		13b. MOTHER'S MAIDEN NAME Martie Rice		14. NAME OF HUSBAND OR WIFE Nellie Schouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. - - -	17. INFORMANT Address Mrs Nellie Schouse Rice Linn Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardio-Vascular Disease					5 yrs.
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from Jan. 1957 to Dec. 22, 1959 and last saw ^{her} him alive on Dec. 22, 1959 Death occurred at 12:45A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. S. Jefferson (Degree or title)			22b. ADDRESS Jefferson City, Mo		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/24/59	23c. NAME OF CEMETERY OR CREMATOR Union Hill Cemetery	23d. LOCATION (City, town, or county) (State) Holt Summit Mo		
24. FUNERAL DIRECTOR Clyde Morton ADDRESS Linn		25. DATE RECD. BY LOCAL REG. 12-23-59	26. REGISTRAR'S SIGNATURE Mrs Clyde Morton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 6 9 AM '61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.